

ROADMAP TO A TORONTO TRAUMA-INFORMED CITY

Introduction

Toronto is a city with great opportunity and continues to evolve as a world-leader in many areas, but it faces enormous challenges. The City has witnessed growing inequities and inequalities with housing losses, job losses, an increase in opioid overdose and deaths, the rise in homelessness, hate crimes, gun violence and most recently the emerging effects of COVID-19.^{1,2} The impact of the pandemic has had differential impacts on certain communities, and exposed deep, systemic issues that have been present in Toronto for a long time.^{3,4}

Many Toronto residents and communities suffer from trauma and its after-effects as a result of these systemic inequities. Our businesses, civil society organizations, service providers including City staff and leaders as well as residents, families and communities experience the human and economic costs of trauma every day.

Trauma is the response to a deeply distressing or disturbing event that overwhelms an individual's central nervous system and their ability to cope. Trauma causes feelings of helplessness, diminishes sense of self and the ability to feel a full range of emotions and experiences.^{5,6} Long after the traumatic event or episodes occur, people experiencing trauma can often feel shame, powerlessness, intense fear⁷, and see their physical health negatively impacted.⁸ Trauma is not only experienced by individuals, but it can also affect groups, families and entire communities or neighbourhoods.⁹

Trauma comes in many forms and can be caused by many factors. Many understand that the impacts of residential schools, gun violence in Toronto, or major events such as the Toronto van attack, or the Danforth shooting could lead to trauma. Frequently people do not realize that events do not need to be as extreme as these to impact an individual deeply. For instance, studies in the USA and Alberta have demonstrated that adverse childhood experiences such as violence, abuse, neglect, and witnessing violence in the home or community, have profound impacts on the physical health, mental health and social success of people, lasting well into their adult lives.^{10,11}

Research shows that racialized and equity-seeking groups are at greater risk for experiencing four or more types of adverse childhood experiences (ACEs) that result in trauma.¹² Beyond this, racialized populations also experience racial trauma, or race-based traumatic stress (RBTS). This refers to the mental and emotional injury caused by encounters involving racial bias, ethnic discrimination, racism, and hate crimes.¹³ The race-based traumatic stress theory suggests that some individuals from racialized and ethnic groups may experience racial discrimination as psychological trauma, and that it may elicit a response comparable to post-traumatic stress. Experiences of race-based discrimination can have detrimental psychological impacts on individuals and their wider communities.¹⁴

Research shows that the economic and social costs to families, communities, and society totals hundreds of billions of dollars each year.^{15, 16,17, 18} Adopting trauma-informed approaches in workplaces, communities, government programs, and a trauma-informed model across the city can help prevent mental, emotional, physical, social and/or economic issues for Torontonians impacted by toxic stress and/or trauma. These benefits may also extend to their families, communities and the entire city. Adopting a trauma-informed city model may result in more effective and efficient services, healthier and happier service users, City employees, and other service providers, a better functioning city, and a thriving Toronto.

Background

SafeTO: Toronto's Community Safety and Wellbeing Plan

The City's ongoing work to develop a Community Safety and Wellbeing Plan (CSWB) is guided by the Province of Ontario's CSWB Framework and in collaboration with a range of sectors. The plan aims to shift from an emergency-based response to a culture of prevention and will prioritize four areas of risk: community trauma, community violence, harm and victimization, and community justice to help create a safer Toronto. These risk areas are interconnected and strategies to respond to them will overlap.¹⁹

SafeTO's work and consultations reflect the need for Toronto to become a trauma-informed city. The strategies to respond to community trauma includes embedding trauma-informed, responsive, and specific services, approaches and tools that are grounded in and directed by a thorough understanding of the complete impacts of trauma, adversity, and violence on people, families, and neighborhoods.^{20,21,22}

The Roadmap

The Roadmap to a Toronto Trauma-Informed City was brought about through a partnership between the City's Social Development Finance and Administration Division (SDFA), the Wellesley Institute, and the THRIVE Toronto Table. As a member of the THRIVE Toronto Table, SDFA requested the THRIVE Toronto Table support producing a Roadmap to inform the development of a Toronto²³ trauma-informed city model.

The evidence for this roadmap is grounded in a literature review of the evidence on the use of trauma informed approaches at a systems level, and an international jurisdictional scan of eight trauma-informed city models. Additionally, interviews were conducted with experts from five cities that self-identified as trauma-informed and have implemented trauma-informed

approaches. The information contained in this Roadmap and its supporting documents are intended to serve as a catalyst for ongoing innovation as we work together to make Toronto a trauma-informed city that will support the resilience and thriving of all Torontonians.

Trauma and Adverse Childhood Experiences (ACEs)

Trauma can result from direct personal experience, witnessing trauma to others, indirect exposure by learning that a traumatic event occurred to a family member or close associate, and firsthand repeated or extreme exposure to aversive details of a traumatic event(s).^{24,25,26,27,28} It impacts individuals, families, caregivers, workplaces and communities physically, emotionally, socially, and intergenerationally.^{29,30,31,32}

While no one is immune from experiencing trauma, many factors including sex, gender, race, housing and employment can increase risk to trauma, decrease access to health care services, and result in negative socioeconomic impacts throughout one's life.³³ Toronto has many population groups who are at greater risk of experiencing trauma.^{34, 35, 36, 37}

As a result of seminal research into Adverse Childhood Experiences (ACEs), connections between disadvantage in childhood development and multiple negative outcomes in adulthood are being made clear.³⁸ The rise in awareness about the impact of ACEs and the trauma they cause has spurred the emergence of implementing a trauma-informed approach within individual treatment, organizations and city models.

ACEs are events that occur in childhood (0-17 years) such as experiencing violence, abuse, neglect, witnessing violence in the home or community, and having a family member attempt or die by suicide. They negatively impact child development and are linked with many poor health and mental health outcomes across the lifespan, such as chronic health problems,

mental illness, and substance use problems in adulthood. ACEs can negatively impact education, job opportunities, earning potential and social relationships.

ACEs are common and costly.³⁹ Merrick et al (2018) found that of 61.55 per cent of adults surveyed across 25 US states who reported traumatic experiences, at least one and 24.64 per cent reported three or more ACEs.⁴⁰ Preventing them could potentially reduce the rates of health problems, economic and social costs to families, communities, and society.^{41, 42} Women, racialized groups, people living in under-resourced neighborhoods and those experiencing food insecurity are at greater risk than others for having experienced four or more types of ACEs.⁴³ These social inequities highlight the need for a whole-system approach to work on the conditions in which ACEs are more prevalent and to address structural inequities for ACEs and trauma related policies, services, and interventions.

A Toronto Trauma-Informed City Model

There is a growing worldwide movement to develop trauma-informed cities and systems.⁴⁴ The experiences of cities around the world suggest that transforming Toronto into a trauma-informed, responsive and specific city could promote healing from trauma, reduce long lasting negative impacts of trauma on individuals and communities, build individual and community resilience, improve services and systems of care,^{45,46,47} and positively impact the lives of Torontonians.

A trauma-informed approach would mean that City programs, services, policies, and staff, would demonstrate an understanding of trauma, and consider the implications for people experiencing trauma in their planning and delivery.^{48, 49} Toronto and other cities across Canada have effective public health approaches to prevent or mitigate the impact of trauma as a result of ACEs.⁵⁰ A trauma-responsive approach involves transforming all aspects of the City's programming, language, and values to ensure that City programs, services, policies, and those

delivering them, have the capacity to identify and mobilize informed responses for those experiencing trauma.⁵¹ A trauma-specific approach requires programs, services, and approaches intended to directly address the impact of trauma on individuals, families, and community and facilitate recovery from the consequences of trauma.^{52,53, 54}

All jurisdictions that implement a trauma-informed approach⁵⁵ are looking to change their work, governance, structures, and policies to deliver programs, organizations, or systems that “**realize** the widespread impact of trauma and understands potential paths for recovery; **recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **respond** by fully integrating knowledge about trauma into policies, procedures, and practices, and seek to actively **resist re-traumatization.**”⁵⁶

The changes that this model brings can have positive results for everyone. This is especially needed given the consequences and changes in the city as a result of the pandemic - the need to build thriving communities has never been more critical.

Although the theory, practice and evidence on trauma-informed cities is still evolving, cities that have adopted the model⁵⁷ reported reductions in crime, improved sense of well-being, improved academic outcomes, reduction in staff burnout, improved quality of services and a reduction of cost of trauma on the system.^{58, 59, 60, 61}

These cities models focused attention and resources upstream on addressing the social determinants of health in their communities. A public health approach fostering the health, safety and well-being of the entire population, with targeted emphasis on higher risk and vulnerable populations set the foundation for the trauma-informed approaches implemented by these cities. They stressed the importance of the fundamental change in structures, policies, processes, procedures and practices, and concerted efforts to motivate and equip staff to implement trauma-informed approaches that are required for a trauma-informed city model to be successful.^{62, 63}

The adoption of this model comes along with initial increased costs and requirements of city staff and departments.⁶⁴ Despite this initial increase in resource requirements, considerable financial savings and the prevention of human suffering could be achieved. Implementing a trauma-informed model could increase staff functioning, decrease staff sick days, increase effectiveness of services, increase the health and resilience of the population lowering the demand for services, and improve the health of the workforce leading to improved productivity.^{65 66}

Different Cities, Different Trauma-Informed City Models

To better understand how a trauma-informed city can and should work, we analyzed information about potential trauma-informed cities in North America and Europe. Eight cities that self-identified as a trauma-informed city or were working on that designation, and have comparable socio-demographics to Toronto were selected for closer examination. Relevant grey literature on trauma-informed approaches and trauma-informed city models, from government and health authorities were reviewed. These documents were identified through web searches and consultations with trauma-informed city experts in Toronto and the cities being studied. Consultations with senior leaders who have direct knowledge of implementing a trauma-informed approach from these cities were requested as a component of this jurisdictional review. Expert interviews were secured with five cities - Baltimore, Maryland; Chicago, Illinois; Glasgow, United Kingdom; Philadelphia, Pennsylvania; and San Francisco, California. It would be useful to follow up with the other cities, New York City, New York; Calgary, Alberta; and Plymouth, United Kingdom, to uncover more about their progress towards becoming trauma-informed cities if Toronto embarks on developing and implementing a trauma-informed city model.

Case Studies

Appendix D: Safe TO: Roadmap to become a Trauma-Informed City

The following five cities began with a clear decision to implement a trauma-informed approach. They considered the context and the challenges of their own cities, looked at the evidence of ACEs, used the public health approach, allocated resources to address these challenges, and stepped forward to make foundational change.

The Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the United States Department of Health and Human Services, is an internationally recognized leader in trauma-informed research and development, has outlined ten implementation domains that trauma-informed transformation should address.⁶⁷ In order to visualize differences between these complex programs, Table 1 shows which of these ten implementation domains each city has implemented.

Table 1 SAMHSA’s Ten Implementation Domains Carried Out by Five Cities

Domain	Baltimore	Chicago	Glasgow	Philadelphia	San Francisco
Governance and leadership support the vision of a trauma informed city	X	X	X	X	X
Policy is reshaped to be trauma-informed (on-going)	X	X	X	X	X
Physical environment promotes safety and resilience					X
Engagement of all citizens is encouraged; no group is excluded	X	X	X	X	X
Cross-sector collaboration is the norm	X	X	X	X	X
Screening and treatment are in place for identifying and responding to trauma.				X	
Monitoring and quality assurance processes are used uniformly to inform and improve services		X	X	X	X
Financing mechanisms make trauma-informed programs and trauma-specific services sustainable		X	X		
Evaluation data are collected from a variety of perspectives		X	X	X	X

Baltimore

Baltimore has the distinction of being the first American city to be legislated as a Trauma Informed City, through the Elijah Cummings Healing City Act, 2021.⁶⁸ The City started the Healing City Baltimore to build a united movement of Baltimore's communities focused on healing from trauma, violence, and racial inequity. The movement began with a 'listening tour' of over 200 hundred community consultations. The City leadership heard about the existing work that the community was doing to heal from past trauma. As in many cities, this work was happening in silos and needed to be connected.

Baltimore's Trauma Informed City legislation led to:

1. A taskforce made up mostly of community stakeholders to move the work forward.
2. Deep training in trauma-informed and responsive care for city staff and divisions co-led by community-based organizations.
3. A review of all procedures within city agencies to reduce re-traumatization.

Baltimore's training sessions were provided to the government, community and local media. With in the City of Baltimore, leadership received training first, followed by the mayor, city council, and city divisions. Training provided staff with the support to deal with trauma, and train community members to be champions of the initiative and to go back into the community and share and disseminate the knowledge of these training sessions.

Philadelphia

Since the 1990's Philadelphia has been a leader in developing and implementing trauma-informed approaches and The Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) initiated the formation of a Trauma Task Force in November 2006 for the purpose of developing recommendations toward a trauma-informed system of care.⁶⁹

The task force set to work incorporating trauma into the department mission statement, identifying policy and procedures to avoid re-traumatization of both people receiving services and staff, and providing staff training. They also developed recruitment standards and job

qualifications that meet the competencies required to provide trauma-specific treatment. These included people receiving services, their families and other supporters, survivors and other recovering persons at all levels of planning, development, and implementation of services. They also worked to ensure trauma policies and services that respect culture, nationality, ethnicity, gender, gender identity or expression, age, sexual orientation, and physical disability.

In 2014, the Recovery and Resilience-Oriented System of Care framework was established,⁷⁰ which added a comprehensive public health approach and engaged police, hospitals, community services, and universities, to help ensure prevention, treatment and intervention around mental health issues. It led the way in joining up services, making sure they are aligned with the principles of a trauma-informed approach, and developing a wealth of information on implementation designing screening protocols, training, public campaigns and toolkits.

Chicago

Chicago's process to become a trauma-informed city started in 2011 when Mayor Rahm Emanuel launched Healthy Chicago which emphasized a public health approach, investing in community resources and interventions, and collaboration to maximize the city's health and well-being.

This began with an environmental scan of all city and community programs that were already addressing trauma or ACEs, and an examination of what was and wasn't working. The Chicago Department of Public Health (CDPH) became the first trauma-informed department in the city.⁷¹ Using this backdrop to address health equity, a trauma-informed approach spread to other city departments that connect directly with the public.

The CDPH, supported by Health & Medicine Policy Research Group, developed their own curriculum, *Trauma 101*, to help staff and communities understand and respond to trauma and learn how to build resilience.⁷² They set up a champions committee to mentor staff and sustain

the training received, and a 'messaging committee' to send out updates and new information about being trauma-informed.

Chicago's trauma-informed city model has two components. First, The Collaborative - an external inter-sectoral group with representation from every neighbourhood. It is focused on non-city workers and led by the Health & Medicine Policy Research Group.⁷³ They collaborate to address mental health stigma and increase the awareness of trauma and the resources available. Second, a city governance component led by the City Health Department, focuses on administration, human resources, internal transformation, policy development and spreading the approach through other city departments.

San Francisco

The San Francisco Health Department and the Department of Children, Youth and Families led the way to the development of a trauma-informed system in 2012.⁷⁴ They began with a workgroup with two initial goals: first, to create a common language about trauma and what it meant to be trauma-informed, how to speak about healing and recovery, and how to use this lexicon with clients and each other; and second, an over-arching second goal to create on-going and sustainable organizational change.

San Francisco started with meetings and focus groups with about 400 staff, a city-wide survey on policies, programs, procedures practices to understand where challenges and strengths lie regarding the ability to implement a trauma-informed city model, and developing training programs for all health staff to create and sustain trauma informed knowledge and practices. An evaluation team is in the process of developing a plan to measure the impact of this change process on staff, services, and the people served.

Cross-sectoral involvement is integral to the continuation of San Francisco's trauma-informed city model. Other city departments, probation system, public schools, and the police are involved in a coalition to advance the principles of the trauma-informed approach. These

organizations are receiving training and have begun to expand their work to make regional impact.

Glasgow, UK

Glasgow's work towards incorporating a trauma-informed approach started in 2005 with four city police staff seeking to reduce the city's murder rate. This began with a meeting with about 30 decision-makers representing schools, hospitals, public health, police, city staff and business. The table agreed to take a public health approach, not a punitive approach. This meant treating violence as a disease to be diagnosed, the root causes analyzed, then solutions developed, and evaluated, then scaled up appropriately.

Community empowerment was at the forefront of this model, enabling community to make their own decisions, while keeping the discussion of trauma front and centre. Glasgow's success has become a movement that has spread across Scotland⁷⁵ with many other jurisdictions across the world, including London, England, now hoping to emulate their work.

Race and Trauma-Informed Approaches

Toronto is one of the largest cities in North America, with over 2.9 million people and 140 neighborhoods. In 2016 51.5 per cent of residents identified as a visible minority, 51.2 per cent were born outside of Canada, and 29 per cent of households spoke a language other than English or French at home.⁷⁶ Poverty, income inequality and [social-spatial polarization](#) are major challenges in Toronto with increasing segregation along economic and ethno-cultural lines across the city. High-income non-immigrant communities are clustered in the downtown core near transit hubs, while low-income immigrant communities are clustered near the inner suburbs of the Greater Toronto Area with limited access to transit and other services.⁷⁷

Criminalization and over-policing of racialized communities is pervasive throughout the history of community safety in Toronto and has failed to reduce crime while contributing to community trauma, violence, and harm.^{78, 79, 80}

A trauma-informed city model can outline approaches that reduce the impacts of trauma, promote healing and resilience for all Torontonians, especially racialized and equity-seeking populations. The City of Toronto has a number of local initiatives to address racism and race-based inequities like the City's Confronting Anti-Black Racism unit (CABR) and the [Neighbourhood Improvement Areas](#) initiative. Initiatives like these can contribute to the advancement of a trauma-informed approach in Toronto.

One of SAMHSA's six key principles fundamental to a trauma-informed approach include a focus on cultural, historical, and gender issues. Using this approach, organizations, systems or cities offer access to gender-responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma.⁸¹

The cities that we examined used four main methods of addressing race-based trauma: - fostering community leadership from defining problems to creating solutions;

- data collection, analysis and action;
- incorporating race-focused frameworks into their planning; and
- race focused programming.

Baltimore and Philadelphia developed and integrated community partnerships and collaboration across the full range of city systems and departments. Their trauma-informed task forces leading decision-making and planning are made up of community members and organizations focused on community, racial equity, LGBTQ2+ advocacy, newcomers, public

school system, individuals recently exited from the correctional system and other equity seeking populations.

Baltimore established Healing City Champions to build a critical mass of community individuals and organizations committed to creating a more compassionate, caring and connected community. These champions are a dedicated group of community organizers, practitioners, social workers and scholars committed to building a racially, socially and economically just and thriving Baltimore for all.

San Francisco Department of Public Health (SFDPH), who lead the City's trauma-informed city initiative, work closely with Black and African American health organizations, and integrate work with cultural humility training to better understand and align with the impact of racism on delivery systems.

Chicago's trauma-informed approach began by using and maximizing data and research. They started by collecting demographic data, looking for inequities, and using the data to develop and drive its Healthy Chicago 2.0 plan. They engaged community members and stakeholders to guide data collection and analysis, and shared the results with community members, seeking their guidance on prioritizing the issues outlined in the plan. They also monitor a discrimination indicator measuring the percentage of adults who report ever experiencing discrimination, been prevented from doing something or have been hassled or made to feel inferior because of their race, ethnicity or color, as well as a discrimination from criminal justice system.

Baltimore's Mayor is working to ensure that Baltimore's trauma-informed city model systematically addresses racism and race-based trauma. He stipulated that people who are intimately aware of and knowledgeable about systems of oppression and racial inequality be part of the City's trauma-informed planning and implementation. He requested additional appointees that represent populations whose voices need to be lifted up and an organization with an explicit focus on racial equity in their mission statement be part of their task force and

workgroups. Baltimore also required that partner agencies work in partnership with equity coordinators at to review each agency's equity assessment program in their trauma-informed review of agency policies and procedures.

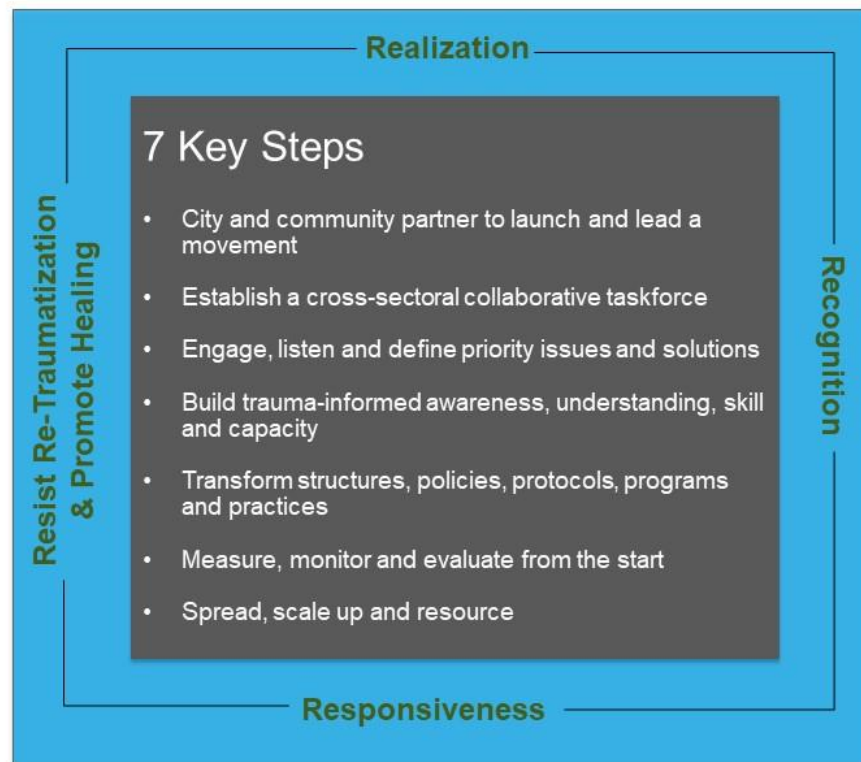
Glasgow began the use of 'Trauma Champions' from across Local Authorities and Health Boards. They recruited 'champions' from the city's Horn of Africa community to provide various forms of assistance to other racialized and newcomer groups across the city. The initiative works with Black, minority and ethnic communities across Glasgow to overcome barriers in access to education and encouraging positive life choices. The champions are provided a range of training to ensure people get the right support from people and services in the city to overcome any challenges.

Research has shown links between health and mental health impacts, and individual, community and intergenerational trauma connected to racism, colonialism and immigration. The cities we studied have started on a path to leverage the healing value of traditional cultural connections, incorporate policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served, as well as recognize and address historical trauma. They provide useful examples for Toronto to draw lessons from and build on.^{82, 83}

Roadmap to a Toronto Trauma-Informed City

International best practices suggest the following seven steps to transform Toronto into a traumainformed, responsive and specific city explained below. The Roadmap to a Trauma-Informed City Model is informed by lessons in developing and implementing a trauma-informed city model from the literature and trailblazers in Baltimore, Philadelphia, Chicago, San Francisco and Glasgow.

Roadmap to a Toronto Trauma Informed City Model



City and community partnering to launch and lead a movement

The cities that we studied began with city government and community working in partnership to launch and lead trauma-informed city movements. For example, Mayor Rahm Emanuel launched Healthy Chicago in collaboration with community in 2011, and Baltimore enacted the Elijah Cummings Healing City Act, 2021 that emerged from the voices of the community.

Everyone across the city needs to be a part of the process of making change. City governments play a critical role leading action in their city departments, championing the movement in the community, and supporting continued engagement of all segments of society as well as city employees. Every trauma-informed city movement that we studied actively partnered with community to transform their city.

Some started by focusing their efforts internally and others on amplifying the voice of the community in their trauma-informed city efforts. The experiences shared by different cities suggest that a mixed approach is beneficial. Cities embraced and clearly communicated the intended goals and outcomes of this work to everyone.

To address the damaging impacts of trauma and build resilient communities, the City of Toronto will need to commit to working with communities to develop and deliver programs, organizations, and a system that follow SAMHSA's well-established guidance to "**realize**" the impact of trauma and understands potential paths for recovery; "**recognize**" the signs and symptoms of trauma in service users, families, staff, and others involved with the system; "**respond**" by fully integrating knowledge about trauma into policies, procedures, and practices, and seek to actively "**resist re-traumatization, and promote healing**" across the city.

Establish a cross-sectoral collaborative taskforce

A systems approach that integrates inclusive partnership with a cross section of stakeholders including community services, civil society, and business representatives is paramount in trauma-informed city model development and implementation. Without broad buy-in, a shared understanding, and the voices of those most affected by trauma, the kind of system and society-wide change that could transform Toronto will not be possible.

Addressing trauma requires acting on the social determinants of health which requires involvement from diverse sectors and disciplines. This cross-sector collaboration involves bringing multiple service agencies and sectors together; ensuring peer and community involvement in equal partnership with larger organizations or institutions; establishing agreement that understanding trauma can help individuals, organizations, and communities across the city; and collaboratively improving service delivery.

Baltimore, Philadelphia, Chicago, San Francisco and Glasgow all established cross-sectoral collaborative taskforces. Their cross-sectoral taskforces engaged the community, conducted research to assess needs and opportunities for solutions, and developed policy, programs, and plans for a trauma informed approach and trauma-informed city model.

Baltimore's Mayor is working to ensure that an explicit focus on racial equity is integrated into the City's mission statement, trauma-informed planning and implementation by including people who are intimately aware of and knowledgeable about systems of oppression and racial inequality in their task force and work groups.

A multi-sectoral Toronto Trauma-Informed City taskforce or group can be built from already existing networks like THRIVE Toronto that has the support and expertise of multi-sectoral leaders across the city who are experiencing local challenges related to trauma and actively addressing many of these issues.

Engage, listen and define priority issues and solutions

City transformation needs to be rooted in the voices of people across the city - including people who have experienced trauma and their families, service providers, businesses, advocates and system planners and administrators - who together will develop a shared vision to transform the city. Blending lessons from local experience and expertise from across the globe will help us develop an effective Toronto trauma-informed city model.

The City of Toronto can continue its consultation and engagement with stakeholders to build public awareness and knowledge of factors that promote healing from trauma and resilience, gather information about community needs and strengths, and develop trust and relationships with all communities especially those that experience higher levels of trauma.

Multiple cities expressed the importance of this work. Baltimore undertook extensive consultations and emphasized the importance of the voices of their community. They

conducted over two hundred listening sessions in multiple languages asking the community for direction on how Baltimore could heal from its trauma. They elevated conversations around mental health, racism, youth activism, anti-violence to generate community healing. The cities suggested committing to at least one year of intensive community engagement. This knowledge and community building becomes a core source of strength and support as the adoption of trauma-informed approaches and the movement progresses across the city.

Deliberate effort will need to be made in Toronto to collaboratively engage with and involve communities disproportionately impacted by trauma, people in recovery, trauma survivors, people and caregivers receiving trauma services, and service providers. It is important to ensure these groups have significant involvement, voice, and meaningful choice in all areas of trauma-informed approaches.

Build trauma-informed awareness, understanding, skill and capacity

Being trauma-informed includes understanding the prevalence of trauma, recognizing trauma and the many interrelated factors that influence it, and recognizing culture and practices that are re-traumatizing. Lack of this understanding and recognition leads to misinterpretation and inappropriate approaches to treatment, and, ultimately, more harm. As the system moves towards transformation of its services to promote healing and resilience, the issue of trauma has to include a commitment to becoming trauma-informed and ensuring staff are trained to be able to provide trauma-specific treatment.

Being trauma-informed includes leadership and administrative commitment to trauma-informed change that includes the provision of trauma training and supports to all staff; as well as incorporating trauma-informed competency requirements into recruitment and hiring processes.

Ongoing training on trauma and trauma-informed approaches is an essential step in becoming trauma-informed. Building overall capacity toward trauma-informed system transformation will also require human resource systems to incorporate trauma-informed principles in hiring,

supervision, and staff evaluation; and put procedures in place to support staff with trauma histories and/ or experiencing secondary traumatic stress from vicarious trauma.

All five cities provided training on trauma-informed approaches for their employees. The City of Baltimore offers training that lasts between eight and twelve months.⁸⁴ Although training can be extensive, it is shown to reduce staff's own stresses and desensitization to situations.

The Trauma Transformed Initiative in San Francisco relied on a train the trainer model to build the capacity of the agencies to sustain and build upon the initiative. This model embeds trauma experts within the agencies, ensuring that in future fiscal years the initiative will not be dependent on resources to fund outside consultants. The Center for Health Care Strategies (CHCS) has put out recommendations for successful trauma-informed care implementations. Since introducing a trauma-informed approach for public health staff and their partners in San Francisco, retention of front-line workers has increased and surveys of workers have shown decreased levels of stress and burnout.^{85, 86}

Transform structures, policies, protocols, programs and practices

SAMHSA puts governance and leadership buy-in at the top of their list of factors that are essential to the implementation of a trauma-informed approach. At the outset, leadership must address external and internal cultural and policy barriers that may impede implementation of trauma-informed approaches, establish strategies for rolling out changes, and clearly communicate the rationale and benefits to both staff and community members.

Leadership across the City and organizations need to ensure that the structures, policies, processes and procedures are in place and aligned with a trauma-informed approach, values, and principles. Leaders will also need to identify resources, prioritize the trauma-informed city model in funding allocation, and determine how staff time is designated to the implementation of the trauma-informed city model.

Trauma-informed transformation requires the involvement of people with lived experience (trauma survivors) in designing and evaluation of services; review and development of formal and informal policies and procedures to ensure they reflect a thorough understanding of trauma and the needs of trauma survivors; and a thorough assessment of the ways in which existing structures can adversely affect proper service delivery to people receiving services who have been traumatized.

Engaging community and staff in these processes, and assessing their needs, priorities and assets, will build up community and frontline champions for a trauma-informed city model. Policies in this type of trauma-informed approach would build in accountability to service users and communities.

In Philadelphia, the Department of Behavioral Health and Intellectual Disability Services (DBHIDS) found that executive leadership buy-in and involvement was critical during the implementation process and to successfully create trauma-informed environments. The Commissioner and leadership team of DBHIDS championed the integration of a trauma-informed approach that they developed in partnership with the community across the department.

Based on the trauma-informed work in San Francisco, a key first step to transformation is conducting a city-wide survey on policies, programs, procedures practices to understand where challenges and strengths lie regarding the ability to implement a trauma-informed city model. In Toronto, this process should be greatly informed by the community safety and well-being mapping work already under way. This would illuminate current policies that may lead to re-traumatization of staff and clients, and help build on knowledge around already existing trauma-informed capacity.

Measure, monitor and evaluate from the start

There needs to be ongoing assessment, tracking, and monitoring of implementation of trauma-informed principles and effective use of evidence-based trauma specific screening, assessment and treatment. Evaluation at all stages of intervention development and implementation is necessary for ongoing improvement and sustainability of initiatives.

San Francisco has a team evaluating their programs and services and assessing to what extent they are trauma-informed and improving. The Chicago experience suggests choosing a department or program, then developing, implementing and evaluating the trauma informed approach. This process allows all involved to learn from the experience, and then deliberately scale and spread the trauma-informed practices and approach.

Spread, scale up and resource

There is a considerable amount of work already being undertaken by communities, community agencies, civil society, and by the City of Toronto that advances trauma-informed approach principles. A significant amount of time and resources have been invested into developing and sustaining them. It is important to leverage these existing efforts and initiatives, spread and scale them up to meet the comparable needs across the city.

In the last ten to fifteen years, cities have used different methods to start local trauma-informed city movements. Based on their experiences, a dedicated funding stream is needed to move Toronto towards becoming trauma-informed, and speed city transformation. Glasgow's movement spread to the entire country and beyond, across business, school and health sectors. Philadelphia had a successful trauma awareness campaign that includes signs on buses, kiosks at department stores and pharmacies with the slogan "check up for the neck up." The Collaborative in Chicago has spread beyond Chicago to across Illinois, and San Francisco is expanding its work to include the greater metropolitan area.

Fully integrating a trauma-informed approach, implementing the necessary practices, and transforming the way the City provides services and in turn people's lives will require significant fiscal, policy, practice and community change.

Dedicated resources are needed to mobilize diverse players and facilitate the co-creation and implementation of plans to develop and implement a trauma-informed city model and sustain impactful change. City transformation will require staff capable of offering trauma-informed services which in turn will create a trauma informed system.

Resourcing will be an ongoing challenge and the following steps from above are crucial to building the case for implementing trauma-informed city approaches and setting the foundation for transformation change across a city. Earlier steps, including local engagement and leadership, movement building, and establishing a strong cross-sectoral taskforce, will generate lessons, internal champions, demonstrated value and efficacy of a trauma-informed city model, and ensure the transformation is impactful.

Conclusion

Mobilizing the City and its partners to transform our service system to becoming a trauma informed city is a long-term approach and requires strong internal and external cross-sectoral collaboration. Leadership, engagement, system planning and early intervention will transform how City of Toronto departments collaborate with stakeholders to provide effective and efficient services, foster healthier work environments, employees, residents – and achieve a thriving Toronto.

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